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<input type="checkbox"/> PCT/IPEA/409 IPER: <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____	<input type="checkbox"/> PCT/ISA/210 - Search Report: <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ <input type="checkbox"/> NONE
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<input type="checkbox"/> PCT/IPEA/409 or PCT/ISA/237 was NOT AVAILABLE at the time of paralegal review	<input type="checkbox"/> Priority Document was NOT AVAILABLE at the time of paralegal review
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RECEIPTS FROM THE APPLICANT (other than checked above):

<input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)	<input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on: _____
<input checked="" type="checkbox"/> Description <input type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract	<input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on: _____
<input type="checkbox"/> Drawing Figure(s) - (# of drwgs. <u>9</u>)	<input type="checkbox"/> Assignment Document (forwarded to Assignment Branch)
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<input checked="" type="checkbox"/> Application Data Sheet	<input checked="" type="checkbox"/> Oath/ Declaration (executed)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Oath/ Declaration <input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship <input type="checkbox"/> other
<input type="checkbox"/> Change of Address	<input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

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Date of Completion of requirements under 35 U.S.C. 371

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Date of Completion of DO/ EO 905 - Notification of Missing Requirements

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Date of Completion of DO/ EO 916 - Notification of Defective Response

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